



PEMBROKESHIRE COUNTY COUNCIL



ANNUAL REPORT

of the

County

Medical Officer of Health

for Pembrokeshire



1966

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TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE OF THE PEMBROKESHIRE COUNTY COUNCIL

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my fourteenth annual report. The local health record for 1966 was generally good: the incidence of infectious diseases was low; the infant mortality rate was below the national figure; though the peri-natal mortality rate remained above the national figure, it was the lowest recorded in the County; there were no maternal deaths; and the fight against tuberculosis made further progress as evidenced by the fall in the number of new notifications and the lower death rate from the disease as compared with the previous years.

The County Council continued to press for the further development of hospital services in the County and the announcement of the Minister of Health in May, 1966, of the inclusion of the major building scheme for the up-grading of the County War Memorial Hospital and the first stage of a new hospital at Withybush in the initial building programme of the Hospital Plan for England and Wales was welcomed.

The provision of health centres in Pembrokeshire received further consideration in 1966 and, at the request of the members of the Local Medical Committee, a memorandum on the subject was prepared in this department and distributed to all general practitioners. The problems of the possible erection of health centres at Haverfordwest and Milford Haven were receiving preliminary consideration at the end of the year.

The mental health community services made definite progress during the year. The developments included the opening of a new junior training centre—the Portfield School—at Haverfordwest, the expansion of the child guidance clinic services, and a re-organisation and extension of the medical direction of the services.

There were a number of other developments during the year: a new clinic was opened at Hakin; a night attendance scheme was initiated; the recommended schedule of immunisation in early childhood was revised; health education was extended with special attention being given to prevention of home accidents; and the ambulance service arrangements were improved by an extension of the radio-control system, the provision of a new garage at Fishguard, and the recruitment of additional ambulance staff at Pembroke Dock and Tenby.

I am grateful to the Chairman and Members of the Health Committee for their continued support and interest. My thanks are also due to the staff of the County Health department, including the nurses, the mental welfare officers, home helps, and the ambulance and training centre staffs, for their efforts during the year. As in previous years, continued helpful assistance has been received from the two district medical officers of health, the family doctors, and the local hospital consultants.

Considerable assistance was received from Miss G. M. Knight, my secretary, with the preparation of the manuscript, and many of the statistics were prepared by Mr. J. Thomas, a senior clerk of the department.

I am,

Ladies and Gentlemen,

Your obedient Servant,

D. J. DAVIES,

County Medical Officer of Health.

County Health Department,
Haverfordwest.
11th August, 1967.

COUNTY OF PEMBROKE
HEALTH COMMITTEE
(as on 31st December, 1966)

Chairman:

County Alderman D. W. Evans

Vice Chairman:

Councillor O. G. John, O.B.E.

County Aldermen:

E. Anthony, M.B.E.
Rev. Mathias Davies
James John

S. J. Morris
Mrs. A. Norman
R. S. Wade

County Councillors:

T. W. H. Byard
W. Carr
A. Edwards
D. S. Evans
Lt. Col. R. F. Foster, O.B.E., T.D.
C. M. George
Rev. W. Harry
T. V. Hay
W. A. Jacob

J. M. James
T. E. John
W. C. John
T. Lewis
W. G. Munro
Lt. Col. P. H. Lort Phillips,
D.S.O.
W. H. Symmons
Rev. John Thomas

Co-opted Member:

Miss E. M. Sturgess

Local Medical Committee Representatives:

Dr. A. N. Bond

Dr. J. A. K. Douglas

Pembrokeshire Federation of Women's Institutes Representatives:

Mrs. M. Elce

Mrs. M. Ramsden

South-West Wales Hospital Management Committee

Representatives:

J. Mendus, Esq., Canon T. Halliwell, Dr. M. Rowland Evans

STAFF OF COUNTY HEALTH DEPARTMENT 1966

*County Medical Officer of Health and Principal
School Medical Officer:*

D. J. Davies, M.B.E., B.Sc., M.D., B.S., D.P.H.

*Deputy County Medical Officer of Health and Deputy Principal
School Medical Officer:*

M. Lawlor, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H.

District Medical Officers of Health:

(These Officers devote up to 25% of their time to County
Council duties).

P. E. M. Bowen, M.R.C.S., L.R.C.P., D.C.H., D.P.H.

W. J. Y. Speedy, M.B., B.Ch., L.R.C.P.&S., L.R.F.P.&S., D.P.H.

Assistant County Medical Officers and School Medical Officers:

F. J. Harrison, M.B., B.Ch., B.A.O.

J. F. Rees, B.Sc., M.B., B.Ch. (Commenced 1.2.66)

C. M. E. Rees, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.
(Part-time) (Commenced 1.2.66)

Chief Dental Officer and Principal School Dental Officer:

D. G. James, L.D.S., R.C.S.

School Dental Officers:

Mrs. P. Jenkins, B.D.S.

G. Hellings, L.D.S. (Commenced 1.9.66)

R. R. Lewis, L.D.S., R.C.S.

Mrs. D. Rutherford, B.D.S. (Part-time)

County Nursing Officer:

Miss J. M. Young, S.R.N., S.C.M., Q.N.Cert., H.V.Cert.

Senior Orthopaedic Physiotherapist:

Mrs. C. Griffiths, M.C.S.P.

County Home Help Organiser:

Miss M. R. F. Collins

Assistant Home Help Organiser:

Miss M. A. M. Smith

Problem Families Health Visitor:

Miss S. M. Morgan, S.R.N., S.C.M., H.V.Cert.

County Ambulance Officer:

P. J. Hunt, F.I.A.O.

Speech Therapists:

Miss M. Thompson (Part-time)

Miss P. A. Treharne, L.C.S.T.

Mrs. J. E. Holding, L.C.S.T. (Part-time)

Consultant Child Psychiatrist:

J. McDonald, M.A., M.B., B.Ch., D.P.M. (Until 31.7.66)

Evan W. Davies, M.B., B.Ch., M.R.C.P., D.P.M.

(Commenced 1.9.66)

Educational Psychologist:

C. B. E. James, B.A., M.Ed., Ph.D., A.B.Ps.S.

Senior Psychiatric Social Worker:

B. P. Vittle, B.A., A.A.P.S.W. (Part-time) (Commenced 18.7.66)

Supervisors of Training Centres:

Mrs. E. M. P. Davies

Mrs. A. Berry

Chief Clerk:

C. R. Dench, A.R.S.H.

Other Nursing Staff

(as at 31st December, 1966):

- 10 Health Visitors and School Nurses
- 19 District Nurse/Midwife/Health Visitor/School Nurses
- 14 District Nurse/Midwives
- 10 District Nurses
- 1 Clinic Nurse
- 3 Enrolled Nurses
- 1 District Nurse/Health Visitor/School Nurse

Home Helps:

206 Occasional Home Helps

COUNTY COUNCIL COMMITTEES

(concerned with matters of Health)

1. Health Committee
 - (a) Nursing Sub-Committee
 - (b) General Purposes Sub-Committee
 - (c) Ambulance Sub-Committee
 - (d) Tuberculosis Care and After-Care Sub-Committee
 - (e) Mental Health Sub-Committee
2. Public Health and Housing Committee
3. Education Committee responsible for School Health Service

SECTION 1

VITAL STATISTICS FOR 1966

1. AREA

The area of the County, including inland water, is 393,007 acres.

2. POPULATION

1911	—	By Census	...	...	...	90,014
1921	—	By Census	...	...	...	91,580
1931	—	By Census	...	...	...	86,020
1938	—	Estimated Mid-Year	...	...	...	83,200
1945	—	Estimated Mid-Year	...	...	...	82,690
1951	—	By Census	...	...	...	90,906
1953	—	Estimated Mid-Year	...	...	...	92,090
1955	—	Estimated Mid-Year	...	...	...	93,800
1957	—	Estimated Mid-Year	...	...	...	93,670
1959	—	Estimated Mid-Year	...	...	...	94,600
1961	—	By Census	...	...	...	93,980
1962	—	Estimated Mid-Year	...	...	...	93,050
1963	—	Estimated Mid-Year	...	...	...	94,660
1964	—	Estimated Mid-Year	...	...	...	95,350
1965	—	Estimated Mid-Year	...	...	...	95,920
1966	—	Estimated Mid-Year	...	...	...	97,060

3. FINANCIAL

The product of a penny rate for the financial year 1966/67 was £14,295.

Rateable value of the County on the 1st April, 1966, was £3,126,056.

4. GENERAL OBSERVATIONS

The Registrar General's estimated figure for the 1966 mid-year population of Pembrokeshire shows an increase of 1,140 over the estimation for the previous year. Only three counties in Wales showed higher increases—Monmouthshire, Glamorgan and Flintshire. Within the County, the main increase of population was in the Pembroke rural district; the main decrease was in the Cemaes rural district.

In December, 1966, the unemployment rates in Milford Haven and Pembroke Dock areas were 8.4% and 4.8% respectively as compared with 14.9% and 4.5% in the previous year. This welcome trend in the Milford Haven area was mainly due to the site preparation for the Gulf Refinery project and the development of the industrial estate on the Thornton site.

The County birth rate was slightly lower than in 1965 but remained above the national rate. The adjusted rate of the urban districts was a little above that of the rural areas. The lowest birth rates were in the Narberth urban and rural districts. There were seventeen fewer illegitimate births than in 1965.

The local still-birth rate was unaltered and remained above the national figure. The early neo-natal and peri-natal mortality rates showed a welcome reduction and the former was below the national figure. The number of deaths of premature infants under the age of four weeks was appreciably lower than in previous years.

The adjusted death rate showed a very slight increase and remained a little above the figure for England and Wales.

The main causes of death continued to be cancer, coronary and other heart diseases, and vascular lesions of the nervous system. The marked higher mortality among men than women in the 55-75 year age group continued. The main cause was again the appreciably higher incidence of cancer of the lung and coronary heart disease among men. The total number of deaths from all forms of cancer was 197 as compared with 198 in the previous year. There was an increase of nine in deaths from lung cancer. Unfortunately, the death toll on the roads increased: the number of fatalities due to motor accidents rose to twenty-one—a high figure compared with previous years. There were six cases of suicide—the same number as in the previous year.

5. (i) DETAILED STATISTICS

<i>Live Births</i>				<i>Male</i>	<i>Female</i>	<i>Totals</i>
Legitimate	...	...	...	805	812	1,617
Illegitimate	...	...	...	45	44	89
(5.21 per cent of live births)						

Totals	...	850	856	1,706
--------	-----	-----	-----	-------

<i>Still Births</i>						
Legitimate	...	...	...	14	20	34
Illegitimate	...	...	...	—	1	1
Totals	...	14	21	35		

Live birth rate per 1,000 population	...	...	...	17.57 (Crude)
				18.80 (Adjusted)

Still-birth rate per 1,000 total live and still-births	...	20.10
--------------------------------------------------------	-----	-------

Total live and still-births	1,741
-----------------------------	-----	-----	-----	-----	-------

Infant Deaths (deaths under 1 year)	31
-------------------------------------	-----	-----	-----	----

Infant Mortality Rates :

Total infant deaths per 1,000 total live births	...	18.17
-------------------------------------------------	-----	-------

Legitimate infant deaths per 1,000 legitimate live births.	18.55
------------------------------------------------------------	-----	-----	-----	-----	-----	-------

Illegitimate infant deaths per 1,000 illegitimate live births.	11.23
----------------------------------------------------------------	-----	-----	-----	-----	-----	-------

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	11.72
-----------------------------------------------------------------------------	-----	-----	-----	-------

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	9.76
----------------------------------------------------------------------------------	-----	-----	------

Peri-natal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births).	29.86
------------------------------------------------------------------------------------------------------------------	-----	-----	-----	-------

Maternal Mortality (including abortion) :

Number of deaths	Nil
------------------	-----	-----	-----	-----

Rate per 1,000 total live and still-births	...	Nil
--------------------------------------------	-----	-----

(ii) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE :

Causes of Death	4 weeks																		Total All ages	Under 4 wks.	1 Year	75 & Over
	Total		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
1. Tuberculosis—Respiratory	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
2. Tuberculosis—Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
3. Syphilitic Disease	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
6. Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
9. Other Infective and Parasitic Diseases	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
10. Malignant Neoplasm—Stomach	16	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
11. Malignant Neoplasm—Lung	40	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
12. Malignant Neoplasm—Breast	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
13. Malignant Neoplasm—Uterus	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
14. Other Malignant and Lymphatic Neoplasms	54	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
15. Leukaemia, Aleukaemia	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
16. Diabetes	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
17. Vascular Lesions of Nervous System	—	91	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
18. Coronary Disease—Angina	—	86	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
19. Hypertension with Heart Disease	—	136	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
20. Other Heart Disease	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
21. Other Circulatory Disease	—	59	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
22. Influenza	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
23. Pneumonia	—	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
24. Bronchitis	—	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
25. Other Diseases of the Respiratory System	—	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
26. Ulcer of Stomach and Duodenum	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
27. Gastritis, Enteritis and Diarrhoea	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
28. Nephritis and Nephrosis	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
29. Hyperplasia of Prostate	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
30. Pregnancy, Childbirth, Abortion	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
31. Congenital Malformations	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
32. Other defined or ill defined diseases	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
33. Motor Vehicle Accidents	—	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
34. All other Accidents	—	57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
35. Suicide	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
TOTALS	612	526	8	12	5	6	3	1	3	1	15	1	8	3	19	10	38	32	132			
	62	175	135	206	263																	

(iii) DISTRICT COUNCIL, PEMBROKE COUNTY AND NATIONAL COMPARATIVE VITAL STATISTICS (USING APPROPRIATE AREA COMPARABILITY FACTORS) :

	Live Births			Deaths		Infant Mortality	
	Area in Acres	Estimated mid-year Population for 1966	No.	Adjusted Rate per 1,000	No.	Adjusted Rate per 1,000	No. of Maternal Deaths and Live-and Still Births
URBAN							
Fishguard & Goodwick U.D.C.	1,841	4,970	67	18.45	77	14.56	1
Haverfordwest M.B.	1,404	9,300	204	18.86	101	11.51	—
Narberth U.D.C.	122	1,040	14	15.75	27	14.28	—
Neyland U.D.C.	484	2,200	55	28.58	40	21.58	—
Milford Haven U.D.C.	2,404	13,000	243	18.79	124	13.83	7
Pembroke M.B.	4,679	13,480	261	20.52	165	13.09	8
Tenby M.B.	1,090	4,530	68	16.81	52	9.41	2
Total	12,024	48,520	912	18.98	586	13.16	18
RURAL							
Cemaes R.D.C.	79,576	8,370	121	17.18	120	12.61	3
Haverfordwest R.D.C.	172,310	23,370	430	20.97	244	12.32	6
Narberth R.D.C.	80,237	9,800	133	15.60	129	12.09	3
Pembroke R.D.C.	48,860	7,000	110	17.28	59	9.69	1
Total	380,983	48,540	794	18.81	552	11.94	13
Whole County England and Wales	393,007	97,060	1,706	18.80	1,138	12.54	31
				17.7		11.7	
							223 (0.26)
							19.0

SECTION II

LOCAL HEALTH SERVICES PROVIDED BY THE COUNTY
COUNCIL UNDER THE NATIONAL HEALTH
SERVICE ACT1. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN
UNDER SCHOOL AGE.*Expectant and Nursing Mothers*

The medical ante-natal care outside hospitals continued to be undertaken by the general practitioners. Doctors of a local group practice, with the assistance of members of the local authority nursing staff, held weekly ante-natal clinics at the Tenby clinic: the average sessional attendance during the year was twenty-eight. Domiciliary midwives continued to hold ante-natal clinics at Haverfordwest, Milford Haven, Hakin and Pembroke Dock but attendances were very limited as only mothers booked for home confinements attended. At Neyland, the local domiciliary midwife assists regularly at the ante-natal clinic held at the surgery of one of the family doctors.

The staff of the County Health department organised a series of classes for expectant mothers in 'preparation for childbirth and instruction in mothercraft' at Haverfordwest, Tenby, Fishguard, Hakin, Narberth and Pembroke Dock. These classes were well attended—a total of 512 expectant mothers attended in 1966 as compared with 475 in the previous year and 459 in 1964. The syllabus of the classes included explanation of the development of a baby, health precautions in pregnancy, preparation for the confinement, the simple physiology of birth, and the care of a baby. During the year, the French approach to preparation for childbirth—the so-called psychoprophylactic method adapted by Mrs. Erna Wright—was taught to a number of the mothers but it is difficult to assess its efficacy.

Mrs. M. Edwards, the local health visitor, continued to give weekly mothercraft and health talks to the mothers in the post-natal ward of the Maternity Unit of the South Pembrokeshire Hospital, Pembroke Dock.

The demand from expectant mothers for hospital confinement continued to increase and this trend has been welcomed by many general practitioners and consultant obstetricians. Associated with this demand, there has been a gradual reduction in recent years in the average length of stay of mothers in local maternity hospitals, though the full 'forty-eight hour' discharge scheme has not been adopted in any of these hospitals.

During the years 1960 to 1966, Medical Officers of the Welsh Board of Health investigated the high peri-natal mortality rates in Wales. Following the completion in 1966 of the part of the above-named survey relating to local health authority services in Pembrokeshire, certain comments and recommendations of the Board were sent to the County Council on the 15th November, 1966. By the end of the year, their consideration had not been completed but priority was given to this problem early in 1967 and details will be given in the report for the latter year. The Board emphasised the importance of the role of the Local Maternity Liaison Committee in the planning of the maternity services, the need to consider the problems of maintaining an efficient domiciliary midwifery service in rural areas, the advisability of extension of consultant ante-natal care in the County, and a review of the arrangements for the transport of sick and premature infants. The Board also submitted comments and recommendations to the Local Medical Committee and the South-West Wales Hospital Management Committee concerning the general practitioner and hospital maternity services respectively.

A welcome and important feature of the year was the permanent appointment of a Consultant Obstetrician for the County and the provision of additional consultant obstetric beds. It is hoped that, when the necessary facilities and staff are provided, he will be able to accept full leadership of the local maternity services.

Infant and Child Welfare

Mothers seem to appreciate the advice on infant and child welfare which is available to them at the eleven infant welfare clinics in the County. Attendances in 1966 were 19,890, compared with 17,146 in 1965, and 16,740 in 1964. In addition, there were 4,273 attendances at the fourteen weighing centres in the County. Voluntary helpers continue to assist at a number of clinics and centres and their work is much appreciated.

The first infant welfare clinic at the new clinic at Hakin was held on the 16th June, 1966. This fine modern clinic, which replaces an improvised clinic in a semi-detached house and serves the expanding area of Hakin with the extensive new housing estates, was opened officially by Alderman D. W. Evans, the Chairman of the County Health Committee, on the 21st September, 1966. Mr. T. L. Jones, the Chairman of the County Council, presided at the ceremony.

Dr. M. Lawlor, the Deputy County Medical Officer of Health, continued to hold developmental and handicap assessment clinics fortnightly at the County Health department, Haverfordwest, and occasional sessions at the clinics at Pembroke Dock and Tenby. Ninety-six children were seen at these clinics during the year. They

were referred by the consultant paediatrician, general practitioners, clinic doctors and health visitors. The detailed medical assessment, particularly the intelligence testing of these children, is time-consuming work.

The problem of the early diagnosis and treatment of congenital dislocation of the hip in infants was reconsidered in 1966 and appropriate notes, prepared by Dr. M. Lawlor, and a memorandum on the subject prepared by the Standing Medical Advisory Committee of the Ministry of Health were circulated to all health visitors and midwives. Notes on neo-natal cold injury were also prepared and circulated to the latter staff.

The reports on certain ill and handicapped children, submitted by Dr. K. R. Keay, Consultant Paediatrician for the South-West Wales area, continued to be very helpful.

No case of phenylketonuria was detected locally in 1966.

Congenital Malformations

The County Council is required to provide the Registrar General with monthly returns relating to malformations observed in new-born babies. The details are initially reported to the County Medical Officer of Health by the doctor or midwife in attendance at the birth—a section of the birth notification card is used for this purpose. The main purpose of the national scheme of notification of malformations in new born babies is the early detection of any causal factors such as the use of a particular drug.

During 1966, twenty-eight cases of congenital malformations, nine of whom were still-born, were reported in Pembrokeshire, as compared with thirty-nine in the previous year. Five of these babies had a congenital defect of the spine known as spina bifida: in England and Wales an increasing number of children with this defect are now surviving following the improved surgical treatment and their future education and care will need special consideration.

Classification of Malformations

Central Nervous System	Heart Disease	Alimentary System	Limbs	Cases of Multiple Malformations
5	1	3	11	8

Care of Premature Infants

The following statistics of premature births (5lbs. 8ozs. and less) in the County during 1964, 1965 and 1966 are of interest :

Year	No. of Premature Live Births	Place of Birth		Died		Premature Still births	
		Home	Hospital	1st day	2nd-28th day	At Home	In Hospital
1964	120	22	98	15	5	Nil	9
1965	104	18	86	4	5	2	13
1966	88	4	84	9	6	Nil	16

It is important to prevent, whenever possible, premature births : in general, premature babies, particularly those in the lowest weight groups, have a higher than average amount of physical, intellectual and emotional handicaps. The local incidence of premature live births during 1966 was 5.1 per cent of notified live births as compared with 5.9 in 1965.

Only three premature babies were nursed at home : their weights varied between 5lbs. and 5lbs. 8ozs. : specialised nursing and the use of special equipment were not necessary : they made satisfactory progress.

During 1966, the Oxygenaire portable incubator for the ambulance transport of premature babies to and between hospitals was used on twelve occasions. Instructions for the use of the incubator and the management of infants prior to and during transit have been prepared for midwives and ambulance personnel by Dr. M. Lawlor, Deputy County Medical Officer of Health, after consultation with Dr. K. R. Keay, the Consultant Paediatrician.

Distribution of National Welfare Foods and Dried Milk

The administration of this scheme is undertaken at the County Health department and is under the supervision of Mr. D. H. James, a senior clerk.

The sale of national welfare foods, branded dried milk, and certain proprietary vitamin preparations at certain clinics is undertaken by health visitors, district nurses, and the clerk at the office of the District Medical Officer of Health, Tenby. In addition, voluntary workers were responsible for the distribution of national welfare foods from forty-one centres throughout the County, and their continued assistance and co-operation are very much appreciated. At the end of the year, national welfare foods were available at fifty-six clinics and other distribution centres.

The demand for national dried milk declined during the year, but the sales of orange juice and cod liver oil increased.

The following statistics are of interest :

Year	No. of Distribution Points	National Dried Milk tins	Number of Items Distributed				Branded Dried Milk Cereals and Vitamin preparations
			Orange Juice bottles	Cod Liver Oil bottles	Packets of Vitamin Tablets		
1966	56	16,004	22,632	1,878	1,180		84,609
1965	56	19,674	19,504	1,758	1,302		65,670

The administration of this scheme in a rural County is difficult but, with the co-operation of voluntary workers and the conscientious efforts of the staff, it was possible to maintain a reasonable distribution service.

Dental Care

Limited progress was made during the year with the County Council scheme for the dental care of expectant and nursing mothers and pre-school age children. The health visitors and district midwives continued to emphasise to expectant and nursing mothers and to parents of pre-school age children the importance of early dental care. There continues to be evidence that an appreciable number of mothers who did not attend the clinics received dental care under the general dental service.

There was a small increase in the number of pre-school age children who attended for inspection and treatment as compared with the previous year. Mr. D. G. James, the Chief Dental Officer, reports that, although a number of young children were found to be free from dental caries, the condition continues to be prevalent in this age-group. In his opinion, it is possible that some feeding habits, including excessive consumption of sugar and sweets, are possibly a causative factor of this condition in certain children. On completion of treatment at the clinics, nursing mothers were asked to visit their general dental practitioners periodically for routine inspection.

A pleasing feature of the dental service in Pembrokeshire is the good co-operation between the local dentists and the dental officers of the County Health department.

On the 1st December, 1966, a joint circular was issued by the Ministry of Health, 22/66 (Wales), and the Department of Education and Science, 23/66 (Wales), suggesting ways in which local health authority dental services could be developed and strengthened in the future. The recommendations included co-ordination with the general dental service, dental inspection and health education arrangements and the provision of modern dental clinics and mobile units. The joint circular was studied and it was considered that the planning and development of the County Council dental service in recent years were in accordance with the recommendations of the circular. The County Council has not been able to agree in principle to the fluoridation of local water supplies despite the local incidence of dental caries among children.

The following statistics are of interest :

	Expectant and Nursing mothers	Pre-school age children
Patients examined	43	171
Treatments commenced	29	87
Courses of treatment completed	17	26
Scalings and gum treatments	13	1
Fillings	68	138
Silver Nitrate Treatments	—	24
Crowns and Inlays	—	—
Extractions	18	31
General anaesthetics	2	16
Dentures provided	6	—
Radiographs	—	—
Dental Officer Sessions	45	
Treatment Centres	8 clinics and 2 mobile units	

Family Planning

The two local branches of the Family Planning Association continued to provide family planning clinics during the year. The service was expanded in July when clinic sessions were commenced at the new clinic at Hakin and were increased from two to three a month at Tenby. All the local family planning clinics were held at the local health authority clinics—the County Council allowed free use of these premises including heating, lighting, cleaning and storage facilities.

In 1966, a total of 1,046 patients, including 490 who registered for the first time during the year, attended the following clinic sessions :

Centre	No. of sessions a month
County Health Department, Haverfordwest	6 including 2 evening clinics
The Clinic, Observatory Avenue, Hakin	2
The Clinic, Park Street, Pembroke Dock	2
The Clinic, Warren Street, Tenby	3 including 2 evening clinics

Family doctors, health visitors, district nurses and midwives, social workers, and other appropriate persons were kept informed of the clinic arrangements. Women in special difficulty, such as mothers of problem families and mothers with a health risk living in certain rural areas, were, on occasions, transported to the clinics by the appropriate health visitor or district nurse.

In the Welsh Board of Health Circular 5/66 (Wales) of the 17th February, 1966, the Minister of Health asked local health authorities to review the family planning service arrangements in their areas and to co-operate closely with the Family Planning Association and other appropriate bodies in the further development of the local services. The Circular was considered in detail at a meeting of representatives of the County Health Committee and the local branches of the Family Planning Association on the 15th June, 1966.

In November, the County Council considered the report of the meeting and agreed that initial grants of £100 and £150 should be made to the Haverfordwest branch and the South Pembrokeshire branch of the Family Planning Association respectively to meet the cost of providing a free service for local women to whom pregnancy would be detrimental to health.

During the year, specimens for cervical cytology were taken at the local family planning sessions. Details of this scheme are given in the section relating to prevention, care and after-care of illness.

Care of Unmarried Mothers and their Children

The welfare workers of the St. David's Diocesan Moral Welfare Committee continued to be responsible for the major part of the social work for unmarried mothers and their children in this County. They worked in close co-operation with the appropriate staff of the County Health department.

They arranged for the admission of seventeen unmarried mothers to various hostels during the year.

The number of illegitimate births in Pembrokeshire decreased from one hundred and nine in 1965 to eighty-nine in 1966.

2. DOMICILIARY MIDWIFERY

An adequate domiciliary midwifery service was maintained in the County during the year. At the end of the year, thirty-three district nurse/midwives and district nurse/health visitor/midwives were employed: this was equivalent to 6.6 full-time midwives as compared with 7.4 at the end of the previous year.

The demand for hospital confinements continued to increase—the proportion of births in hospital was 84.2 per cent as compared with 80.3 and 76.5 per cent in 1965 and 1964 respectively. This trend is likely to continue and will inevitably necessitate a re-organisation of the midwifery services, including probably a withdrawal of the domiciliary midwifery service in certain rural areas.

The trend towards the earlier discharge of maternity patients from local hospitals continued and this increased the demand on the domiciliary midwives for the home care of puerperal mothers and young babies. At the maternity unit at South Pembrokeshire

Hospital, Pembroke Dock, a modified 'forty-eight hour' discharge scheme commenced during the summer. At the other two maternity units in the County, the length of stay was commonly four days after confinement and rarely exceeded seven days.

During the year, arrangements were initiated for the replacement of the domiciliary 'gas and air' analgesia machines by 'gas and oxygen' (Entonox) apparatus: at the end of the year, two of the busiest domiciliary midwives had been equipped with the latter apparatus.

The improvement in the liaison between family doctors, the local hospital medical obstetric staff, and the hospital and domiciliary midwives continued. The use of the personal record and co-operation card for maternity patients was encouraged but with limited success.

Five domiciliary midwives attended approved refresher courses at various centres—Cheltenham, Exeter and Oxford.

The County Nursing Officer is the non-medical Supervisor of Midwives.

The following statistics relate to the midwifery services in this County in 1966 :

Number of live and still-births	...	...	...	1,741
Number of such births in hospital (including transfers from other areas)	...	...	...	1,465
Number of such births at home (including transfers from other areas)	...	...	...	275
Number of home births attended by private midwives	...	...	...	1
Number of still-births in hospital	...	...	...	35
Number of still-births at home	...	...	...	1
Number of midwives employed by the County Council	...	...	...	33
Number of hospital midwives in practice on 31st December, 1966	...	...	...	24
Number of midwives in private practice on 31st December, 1966	...	...	...	1
Number of maternal deaths in hospital	...	...	...	—
Number of maternal deaths at home	...	...	...	—
Number of mothers who received gas and air or oxygen analgesia at home	...	...	...	197
Number of mothers who received pethidine from nurses during confinement at home	...	...	...	172
Number of mothers who received trilene from nurses during confinement at home	...	...	...	33

Number of inspections of midwives by County Nursing Officer :

			Routine	Special
Hospitals	...	...	3	—
County district nurse/midwives	...	...	72	163
Private midwives	...	...	2	—
Private nursing homes	...	...	—	—

3. HEALTH VISITING

At the end of the year, there were ten full-time health visitors, eighteen district nurse/midwife/health visitors and one district nurse/health visitor on the staff of the department. In recent years, the local recruitment of health visitors has been difficult, but, in 1966, it was possible to make two appointments: the health visitor vacancy for the Fishguard and Goodwick area was filled by Miss D. M. Smith, and Miss J. Parkinson, who had completed a combined nursing and health visiting course of training at London, was appointed district nurse/health visitor at Letterston. All the health visitors also perform school nursing duties.

Miss M. Morgan continued to undertake more specialised duties which included social work with subnormal and severely subnormal persons and their families, liaison work between the staff of the training centres and parents, and certain preventive health and social work—in co-operation with the Children's Officer—with difficult problem families.

The health visitors continued the routine testing of babies for phenylketonuria using the Phenistix test paper. It now appears possible that this testing will be replaced by a blood test during the early neonatal period. The importance of special testing arrangements — including referral to the Consultant Paediatrician — of babies born into the few local families with a history of phenylketonuria— was stressed during the year. The health visitors paid extra visits to infants 'at risk' of handicapping conditions and arranged appropriate hearing tests and the necessary medical observation.

All health visitors were encouraged to undertake group health education work and, during the year, considerable progress was made with classes for expectant mothers on mothercraft and preparation for childbirth, and with health talks at clinics, schools and meetings of women's organisations. Details will be given in a section of this report dealing with health education.

The importance of closer association between general practitioners and health visitors is appreciated. Complete attachment schemes have not been adopted but an improved liaison has now

developed in a number of areas. This trend is associated with a greater contribution by health visitors to the health and welfare of the elderly living at home. It is noted that, in the largest group practice in the County, a considerable proportion of the problems referred to the appropriate health visitor, who visits regularly the group practice centre, relate to the elderly.

Two health visitors—Miss M. Griffiths and Mrs. G. Towey—attended a National Childbirth Trust seminar at Penarth: at this course, the psychoprophylactic method of training mothers for childbirth—as adapted by Mrs. Erna Wright—was demonstrated.

Health visitors assisted in one national survey during the year—the National Survey of Health and Development organised by the Medical Research Council Unit at the London School of Economics.

No applications were received in 1965 and 1966 for the health visitors' training scholarships: this is a disappointment and also a contrast with the considerable interest being shown by young people in social work training.

The following statistics of health visiting work in 1966 are of interest:

	No. visited
Children born 1966	1,680
Children born 1965	1,686
Children born 1961 - 1964	4,649
Persons aged 65 years and over	1,159
Mentally disordered persons	178
Miscellaneous patients requiring after-care visits ...	35
Tuberculous patients	108
Households visited on account of infectious diseases ...	35
Total number of visits	25,390

4. HOME NURSING

At the end of 1966, the home nursing staffing position was generally satisfactory and the following groups of nurses were employed on home nursing duties in the County:

Home nurse/midwife/health visitors	18
Home nurse/health visitor	1
Home nurse/midwives	15
Home nurses (including two state enrolled nurses) ...	13

There was a limited increase in the demand for home nursing as compared with the previous year. The general nursing care of patients at home included injections, blanket and other baths, and post-operative dressings. The home nursing care of patients with certain terminal illnesses including cancer continued to be a special responsibility of the home nurses and necessitated many evening and week-end visits. The demand for the home nursing of sick children continued to decline.

As in previous recent years, an appreciable proportion of patients who received home nursing were elderly and included 'early discharge' patients from the geriatric wards of local hospitals. In addition to the traditional nursing care of geriatric patients, some home nurses, particularly in the rural areas, call on known aged infirm people living in their district and ascertain their need for help of any kind. These visits are generally appreciated by such persons, particularly those living on their own.

Special equipment is being increasingly used in home nursing : the use of five available mechanical hoists, disposable absorbent pads, plastic undersheeting, disposable syringes, and disposable gloves for certain dressings, is increasing yearly.

The liaison with the appropriate members of the staff of local hospitals in the provision of after-care for discharged patients remained good and a closer association with general practitioners is being encouraged with considerable success in some districts.

By arrangement with the Marie Curie Memorial Foundation, financial assistance was given to five patients suffering from late cancer who required extra nourishment, bed linen, and special care.

Six home nurses attended a study day organised by the Pembrokeshire Old People's Welfare Committee in November, 1966. Two district nursing students were seconded to this County by the Swansea Borough Public Health Department so that they could gain experience of the district nursing services in a rural area.

During the year, Miss Young, the County Nursing Officer, accepted the invitation to join the panel of nursing examiners for the certificate of the Queen's Institute of District Nursing.

The following statistics are an indication of the home nursing work during the year :

Total number of patients nursed during the year	...	...	5,443
Number of children under 5	...	...	340
Number of persons 65 years of age or over	...	...	1,526
Total number of home nursing visits	...	...	87,401

5. VACCINATION AND IMMUNISATION

The 'Vaccination and Immunisation' section of the department continued to be under the medical direction of Dr. M. Lawlor, the Deputy County Medical Officer of Health, and Mr. J. E. P. Codd was responsible for the detailed administrative arrangements.

During the year, steady progress was made with the schemes for the protection of children and other appropriate persons against certain infectious diseases—diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis.

The Welsh Board of Health statistics relating to the vaccination and immunisation of children who were under two years of age at the end of 1966 show that the percentage figures for Pembrokeshire compare very favourably with other areas of Wales.

Health visitors and district nurses continued to encourage parents to have their children immunised and vaccinated and suitable publicity material was used at the child welfare clinics and other appropriate centres.

In the Welsh Board of Health letter of the 13th May, 1966, the Minister of Health asked local health authorities to review the local acceptance rates for poliomyelitis vaccination and to endeavour to maintain these at a satisfactory level, particularly among pre-school age children: the local rates continued to be generally satisfactory and, though a special effort was unnecessary, the local publicity arrangements were increased.

The Minister of Health indicated in the Welsh Board of Health Circular 6/66 (Wales), dated the 21st February, 1966, that he would be prepared to consider proposals of individual local health authorities who may wish to initiate a measles vaccination scheme in their respective areas. The County Council decided to accept the advice of the Joint Committee on Vaccination and Immunisation that a programme of general measles vaccination is premature pending further national studies: the position is being kept under review.

The County Health department is the designated yellow-fever vaccination centre in Pembrokeshire. In 1966, eighty-seven members of ships' crews and ninety-one other persons were vaccinated at this centre.

The general practitioners, the two district medical officers of health, and the medical, nursing and clerical staff of the department gave valuable assistance in the implementation of the local immunisation and vaccination services.

The statistics of the scheme for B.C.G. vaccination against tuberculosis are in the prevention, care and after-care section of this report.

The current system of record-keeping advocated by the Ministry of Health does not include the vaccination of expectant mothers and other persons at special risk. The following statistics relate to children under sixteen years of age :

Poliomyelitis Vaccination
(Mainly Oral)

Year	Primary Courses	Re-inforcement Doses mainly at school entry
1966	2,307	1,507
1965	2,580	1,488

Other Vaccinations and Immunisations

Year	Diphtheria and Tetanus		Whooping Cough	Smallpox	
	Primary Courses	Booster Doses	Number of Children protected	Successful Primary	Re-vaccinations
1966	1,836	2,111	1,791	1,032	127
1965	2,035	1,925	1,972	812	154

In the primary course for infants, the triple vaccine—diphtheria, whooping cough and tetanus—was generally used in the County.

At the request of Dr. P. Alwyn-Smith, the Senior Administrative Medical Officer of the Welsh Hospital Board, it was agreed to continue in the County the practice of holding special immunisation and vaccination sessions for hospital staff if requested by a Matron, Hospital Secretary, or Hospital Medical Officer.

6. AMBULANCE SERVICE

In 1966, the total number of patients carried was approximately the same as in the previous year, but the combined mileage of ambulances and sitting-case cars was 334,042 miles—an increase of 8,112 miles. The latter trend was partly due to the increasing referral of local patients to hospitals in South Wales which provide certain special forms of treatment such as radiotherapy and neurological surgery.

Factors which contribute to the heavy demand on the ambulance service in Pembrokeshire include the shortage of local public road and rail transport, the trend mentioned in the previous paragraph, and the number of patients referred to hospitals at Carmarthen for investigation and treatment procedures which are not available locally.

Developments in 1966 included the opening of the one-bay garage at Fishguard in December, improvement of the ambulance service in the south of the County by the appointments of a full-time male attendant and a part-time female attendant at Tenby and two attendants/relief drivers at Pembroke Dock, and the provision of an improved communication system by the extension of the ambulance radio telephony to the fire brigade control room—this has been helpful in re-directing ambulances to emergencies during the periods when ambulance calls are received at the fire brigade control room. Two Bedford ambulances with Lomas bodies were purchased and one 1958 Bedford ambulance was sold in part exchange—the new ambulances were placed at the Tenby ambulance station. It was necessary during the year for the chassis of each of the two Austin Princess ambulances to be strengthened by the manufacturers—the British Motor Corporation.

The admission of geriatric patients to the West Wales General Hospital, Carmarthen, and their subsequent return to hospitals within the County added to the strain on the ambulance service. As in previous years, a succession of emergency requests for ambulance transport within a short period occasionally presented difficulties, particularly when a number of the duty ambulances were on journeys outside the County. On a few occasions, the staffing arrangements, especially when some of the staff were ill or on holiday, limited the provision of ambulance attendants for certain patients.

Arrangements for the long-distance transport of stretcher and semi-stretcher cases were complicated by the use of diesel trains in West Wales—the carriages on these trains are unsuitable for such cases. Appropriate patients were therefore taken to Swansea by ambulance and then conveyed by rail to their destination. Special rail transport of patients has now become very costly, and, in recent years, the Humber Rapide ambulance has been increasingly used for long-distance journeys—this ambulance affords warmth and comfort for the patients and is easily manoeuvrable and economical in use.

With the kind co-operation of the Cheshire County Council, five members of the ambulance service staff attended courses of training at the Cheshire Ambulance Training School, Northwich, in 1966.

Voluntary personnel of the St. John Ambulance Brigade continued to give valuable assistance as attendants on the Fishguard and Pembroke Dock ambulances, and as drivers and attendants on the Milford Haven ambulance. The British Red Cross Society had to terminate in June the arrangements for the provision of voluntary attendants on the Tenby ambulance. Since the inception of the service in 1948, the Society had kindly provided this service but, in recent years, had experienced increasing difficulty in obtaining suitable local volunteers.

All ambulance personnel received refresher training in external cardiac massage and mouth-to-mouth resuscitation during the year. The latter procedure was used by an ambulance driver in an effort to revive an elderly man at Pembroke Dock, and the Stephenson Minuteman Resuscitator was used at a drowning incident at Tenby—unfortunately both attempts were unsuccessful. The Oxygenaïre baby incubator was used on twelve occasions during the year for the inter-hospital transfer of premature babies.

It is encouraging to report that, at the Welsh Ambulance Services Annual Competition held at Newtown on the 26th June, 1966, the Pembrokeshire County Ambulance Service was awarded second place in the final order of merit—the ambulance personnel, Mr. B. G. Chalk and Mr. C. Meredith, were presented with the G. C. Britton Trophy by Mr. A. Franklyn Williams, Chairman of the Welsh Board of Health.

The Construction (Health and Welfare) Regulations, which came into force on the 1st May, 1966, require building contractors to adopt certain measures relevant to the welfare and first-aid treatment of employees, including notification to the appropriate local health authorities when more than twenty-five persons are employed on a building site and, when there are no means of immediate communication with the ambulance station, the contractor is required to provide a suitable motor vehicle for the conveyance of injured workers to hospital. Appropriate notifications were received from contractors on two building sites in Pembrokeshire during the year. An ambulance continued to be provided by the contractors at each of the two major construction sites in the County—the Power Station, Pembroke, and the Gulf Refinery, Waterston.

In the Welsh Board of Health letter L.H.A.L. 11/66 (Wales) of the 15th July, 1966, the Minister of Health asked local health authorities to review their ambulance service arrangements for dealing with calls—other than from doctors—for ambulances to attend cases of sudden illness in the home. The ambulance control room staff have been provided with detailed instructions of the action to be taken on receipt of such calls.

On the 25th May, 1966, the County Ambulance Service participated in 'Exercise Greenspot' arranged by the Milford Haven Conservancy Board to test the emergency services available to deal with a major accident at the port of Milford Haven. One problem proved to be difficulty of radio-communication, particularly between ambulance personnel at the jetties and the staff of the ambulance control room. It is expected that, with the proposed transfer of the ambulance service radio-aerial to the Independent Television Authority Mast at Crymmych, the emergency radio-communication will improve.

Mr. P. J. Hunt, the County Ambulance Officer, and Mr. R. J. Hitchings continued the training of voluntary personnel for the standard training test of the Ambulance and First Aid Section of the Civil Defence Corps. The classes were held at Haverfordwest and Milford Haven, and were attended by six and eight members respectively: all were successful at the appropriate examination held in June, 1966. The County Medical Officer of Health attended a civil defence course for medical officers of health at Sunningdale in November. Mr. B. G. Chalk, an ambulance driver at the Haverfordwest ambulance station, was successful in the examination for the Instructor's Certificate following a fortnight's course at the Home Office Civil Defence School, Falfield, in April, 1966.

The following statistics of the Ambulance Service for 1966 are of interest :

Station	Patients		Total No. of Patients	Miles Travelled	Average Miles per Case
	Stretcher	Sitting			
Haverfordwest No. 1	918	2,785	3,703	37,326	10.08
Haverfordwest No. 2	448	1,341	1,789	17,600	9.84
Haverfordwest No. 3	98	1,141	1,239	54,235	43.77
(Long distance ambulance)					
Milford Haven ...	322	3,115	3,437	23,185	6.74
Pembroke Dock ...	569	2,695	3,264	36,165	11.08
Tenby No. 1 ...	232	2,246	2,478	22,427	9.05
Tenby No. 2 ...	297	1,159	1,456	20,099	13.74
Fishguard ...	406	2,233	2,639	35,305	13.38
Tegryn ...	143	1,529	1,672	28,182	16.85
Cardiganshire ...	1	—	1	60	60.00
Carmarthenshire ...	1	4	5	371	74.20
Totals ...	3,435	18,248	21,683	274,955	12.68

The following figures illustrate the use of the County Ambulance Service, with the exception of the Sitting Case Car Service, since 1949 :

Year			Patients	Miles	Average Miles per Case
1949	...	...	7,023	148,261	21.11
1950	...	...	9,516	186,007	19.54
1951	...	...	12,086	230,361	19.06
1952	...	...	12,540	220,296	17.57
1953	...	...	14,877	270,762	18.20
1954	...	...	16,690	280,458	16.80
1955	...	...	16,177	284,720	17.60
1956	...	...	18,124	280,542	15.48
1957	...	...	18,741	268,017	14.30
1958	...	...	18,085	264,678	14.74
1959	...	...	17,913	234,083	13.06
1960	...	...	22,294	255,472	11.46
1961	...	...	20,427	232,056	11.36
1962	...	...	21,211	241,496	11.38
1963	...	...	21,315	240,296	11.27
1964	...	...	20,610	245,581	11.91
1965	...	...	21,090	244,063	11.09
1966	...	...	21,683	274,955	12.68

The following figures illustrate the use of the Sitting Case Car Service—provided by a number of private car hire proprietors—since 1956 :

Year			Journeys	Patients	Miles
1956	...	..	2,594	3,918	78,942
1957	...	...	2,944	4,535	108,142
1958	...	...	2,674	4,851	96,319
1959	...	...	2,898	5,191	116,525
1960	...	...	2,025	3,312	74,279
1961	...	...	2,446	3,608	91,063
1962	...	...	2,262	3,421	90,793
1963	...	...	2,564	4,335	106,605
1964	...	...	2,096	3,385	84,484
1965	...	...	1,922	3,002	81,867
1966	...	...	1,316	2,189	59,087

7. PREVENTION, CARE AND AFTER-CARE OF ILLNESS

The mental health work, which is an important part of the above-named service, is described later in this report.

Tuberculosis

The detailed statistics are shown in the third section of this report. An encouraging feature of the year was that the number of deaths from the disease and the number of notifications of new cases of tuberculosis were the lowest recorded for this County—three and twenty-two respectively as compared with four and thirty-one in the previous year. The new notifications indicated the continuing higher incidence of tuberculosis among men in the older age group.

The Welsh Hospital Board continued to provide a local mass radiography service in the more populated areas of the County. Of the 5,049 persons x-rayed during the year, seventy-two were referred to the Chest Physician for further investigation. Only two of these people were subsequently found to be suffering from tuberculosis.

On the advice of the Chest Physician, the County Council supplied 19,589 pints of milk for the extra nourishment of tuberculous patients in 1966.

The B.C.G. vaccination scheme for thirteen year old children made good progress. During the year, 1,122 children, including seventy-three contacts, were vaccinated against tuberculosis as compared with 977 in 1965. Of the 1,101 thirteen year old children tuberculin tested, only 4.7% were found to be positive. This is a further indication of the continuing decline of tuberculosis in Pembrokeshire.

Health Education

As emphasised in the previous report, this is a subject which permeates many of the activities of the department. It is now generally accepted that individuals must be better educated in understanding personal responsibilities for their own health. Advice to individuals on health subjects is part of the normal duties of doctors at clinics, of health visitors at clinics and during visits to homes, and of district nurses and midwives at the homes of patients. Dental officers undertake individual dental health education at clinics.

Progress with group health education in the County has inevitably been uneven as some health visitors in certain areas have greater interest and experience in this subject than others, but, in general, considerable progress in this work has been achieved in recent years. In this short report, it is only possible to give a brief outline of this form of health education in 1966.

Much health education is undertaken by teachers during normal teaching sessions. During the year, additional notes on accident prevention, home safety, and on the health hazards of smoking were circulated to all secondary and grammar

schools for use by teachers in the preparation of appropriate lessons. An increasing number of headteachers of secondary schools are asking for health visitors to give formal talks and to lead group discussions on health subjects at their schools. Owing to the pressure of other work, it is not always possible to meet all such requests but, during 1966, a series of such talks and discussions was held at the Tenby, Preseli and Fishguard County Secondary Schools : subjects included smoking and health, avoidance of obesity, personal hygiene, home safety, the National Health Service and other social services, and personal relationships; some of the pupils made visits of observation to an infant welfare clinic, nursery class, and a training centre for mentally handicapped children. In addition, a course of instruction was given by a health visitor to a group of senior girls at the Milford Central Secondary School on home nursing and first aid, and to a similar group at the Coronation Secondary School, Pembroke Dock, on personal hygiene and home nursing. Other group health education talks were given by health visitors at certain primary schools including Sageston, Jeffreyston, Angle, Llanion and Tenby. Miss L. B. Williams, the District Nurse/Midwife/Health Visitor at Tenby, who continues to make a major contribution to group health education in the County, arranged at the latter primary school an interesting series of talks—illustrated by visual aids—on smoking and health, home safety and general hygiene.

An appreciable number of health talks were given by staff of the department at meetings of women's organisations and youth groups : examples include a lecture on the National Health Service to a Church Youth Club at Pembroke Dock, a talk on the health and social problems of the elderly to a Townswomen's Guild at Tenby, and talks and demonstrations on first aid and home nursing to girl guides at Fishguard and to a group of teenagers at Milford Haven. Dr. M. Lawlor, the Deputy County Medical Officer of Health, arranged a seminar at the County Health department on the diagnosis of smallpox : it was well attended by general practitioners and public health doctors.

The health visitors and district nurses were supplied during the year with a series of special notes and leaflets which dealt with subjects such as prevention of accidents, food hygiene, dental health, immunisation and vaccination, and sex education, to assist them in their health education work. In 1966, thirty different health films were borrowed from film libraries for showing to various audiences in the County : the subjects included mental health, artificial respiration, prevention of venereal diseases, child care, and personal hygiene. In addition, the County Health department has a library of twenty-six film strips and eleven prepared flannelgraphs—they are used as visual aids during group health education in the County.

The demand for mothercraft and preparation for childbirth classes for expectant mothers continued to increase : regular classes

were held at the clinics at Haverfordwest, Hakin, Fishguard, Narberth, Tenby, and Pembroke Dock. The good work of health visitors and other staff who participate in the instruction at these classes deserves commendation. Details of the syllabus of the classes are given in the section of this report dealing with the care of expectant and nursing mothers.

Provision of Home Nursing Equipment

There was no change in the scheme for the distribution of such equipment. It was issued mainly from the main distribution centre at the County Health department and at the eight depots staffed by Red Cross and St. John personnel. Special arrangements had to be made to meet the increasing demand for disposable absorbent pads which are used in the nursing of incontinent patients. The main stock was held at the department but supplies to patients were distributed by the district nurses.

The demand for wheelchairs continued to be heavy and there was a definite increase in the requests for walking aids: sixty such aids are now available for loan. Plastic sheeting was also in heavy demand.

Five special mechanical hoists were available for the care of helpless patients at home: three were in regular use throughout the year.

Chiropody

Owing to the shortage of state-registered chiropodists, the County Council is unable to provide a direct service. The Council does, however, make an annual grant to the Pembrokeshire Old People's Welfare Committee who administer the voluntary chiropody service for elderly and certain handicapped persons in the County. A grant of £1,800 was approved for the financial year 1966/67.

Chiropody treatment was undertaken at clinics and surgeries and, when necessary, at the homes of patients including the six County Council homes for elderly residents.

During the year, 2,206 elderly, blind and other handicapped persons were treated as compared with 1,667 in 1965.

Six chiropodists were participating in this service at the end of 1966.

Cervical Cytology: Population Screening for Cancer of the Cervix.

Cancer is a serious problem and, despite much research work in recent years, there is still unfortunately much to be discovered concerning its causation, early diagnosis, and treatment. The advances in knowledge have, however, included the establishment of

a connection between smoking and certain forms of cancer of the lung and the development of a method—known as cervical cytology—for the detection of possible early stages of cancer of the cervix (neck of the womb) in women. The latter condition has been responsible for an average of eight deaths per year in this County.

During 1966, the two local branches of the Family Planning Association continued to provide in the County a service for the taking of the appropriate smears. The service was provided at the family planning sessions held at County Council clinics at Haverfordwest, Hakin, Pembroke Dock and Tenby, and it was not restricted to women who also required family planning advice. During the year, 933 such tests were undertaken at these clinics and forty-three women were asked to attend for a further test within three to six months. In addition, certain family doctors in various parts of the County provided this service at their surgeries—statistical details are not available.

In the Welsh Board of Health Circular 18/66 (Wales) of the 21st October, 1966, and an associated memorandum, the Minister of Health outlined proposals for the planning and development of combined local health authority, general practitioner and hospital local cervical cytology screening services within the National Health Service. The Minister suggested that, initially, facilities should be available for the testing of women aged thirty-five and over, at five yearly intervals.

The implementation of the afore-mentioned proposals in Pembrokeshire was considered initially by the appropriate sub-committee of the Health Committee in December, 1966, when recommendations were submitted for consideration by the full Health Committee and the County Council early in 1967. It was agreed that the Pembrokeshire County Council would co-operate fully with the hospital and general practitioner services and the Family Planning Association in South West Wales in the planning of the development of the appropriate services in the County. Details were later considered at a meeting of the Local Co-ordinating Committee for Population Screening for Cancer of the Cervix which was convened by the South West Wales Hospital Management Committee in February, 1967. Further details will be available in the 1967 report.

The development of this service in the County will present a number of problems, including a possible limited response from women in the particular age groups and, with our present information, it is inadvisable to make optimistic claims concerning the success of the national and local screening scheme.

8. DOMESTIC HELP : HOME HELP SERVICE : NIGHT ATTENDANCE SERVICE

The major activity of the home help service continued to be the provision of domestic assistance for aged and elderly infirm persons living alone and chronic sick patients—an increased proportion of the latter were comparatively young householders. There was a limited demand from maternity patients but an increasing number of higher-income families are using the service because of the difficulties of obtaining private domestic assistance.

The recruitment of home helps for certain districts presented some difficulty during the year—primarily because of the demand for domestic staff at hotels and guest houses in the holiday areas and at the new industrial canteens. There was, however, a slight improvement in the recruitment of home helps in the sparsely populated areas of the County. This welcome trend was partly due to the employment of women who were able to use their own cars for transport in these areas.

With improved housing conditions and the use of more convenient housekeeping equipment in many households, domestic work has become less time-consuming, thereby making it possible to increase the case-loads of certain home helps particularly in the urban areas. In 1966, this development was illustrated by the fact that, although domestic assistance was provided in twenty-nine more households than in the previous year, there was an increase of only one in the number of home helps employed.

The home help service staff continued to devote special attention to handicapped and elderly persons living alone. A feature of the year was the increasing number of requests for help and advice received from people who have moved to Pembrokeshire on retirement—the home help organisers noticed the prevalence of loneliness among these people. In such cases, home helps often showed much understanding and, in addition to their domestic duties, undertook voluntary tasks including shopping and evening visits. During the year, Miss M. R. F. Collins, the County Home Help Organiser, observed the increasing willingness of elderly ill people to accept the help of appropriate social services and, if necessary, to accept hospital admission and treatment.

Early in 1966, the County Council considered the Welsh Board of Health Circular 25/65 (Wales) of the 10th December, 1965, in which the Minister of Health suggested that, when planning the further development of the home help service, local health authorities should give special attention to certain aspects of the scheme, including the omission of charges to low-income householders, the

training and deployment of home helps, and the assessment of local need for the service. The Council agreed to the omission of a minimum charge to the appropriate householders and to a development of the in-service training of home helps.

The latter development was planned by Miss M. R. F. Collins and Miss M. A. M. Smith, the Assistant Home Help Organiser. Training sessions for home helps were held at Haverfordwest on the 14th September, and at Fishguard on the 18th November. Both sessions were well attended and the programmes included a film on the home help service and a talk and demonstration on the simple care and management of patients at home. At the end of the year, arrangements were made to extend the training to Milford Haven, Hakin, Pembroke Dock and Tenby.

The scheme of assessment of recovery charges was modified during the year : on the 1st April, the minimum charge of 2/6d. made to householders on a limited income was discontinued, and, in November, the full scheme was amended to avoid increasing the cost of domestic assistance to householders entitled to extra benefit through the Ministry of Social Security Act, 1966, and to include certain assessments of requirements and resources listed in the Schedules to the Act.

The satisfactory liaison between the home help service and the appropriate statutory and voluntary organisations continued. With the centralisation of the administration of the former National Assistance Board local areas into the Haverfordwest Office of the Ministry of Social Security, closer co-operation has become possible.

Miss Smith attended a weekend school organised by the Institute of Home Help Organisers in Brighton in September, 1966.

The following statistics are of interest :

Persons provided with home helps during 1966

Elderly persons (65 years and over)	...	...	...	262
Tuberculous patients and the younger chronic sick	...	...	...	49
Maternity patients	...	...	...	19
Mentally disordered patients	...	...	...	5
Other patients	...	...	...	28
Total	...	...	...	363

A night attendance service was commenced in this County on the 1st April, 1966. The Minister of Health approved the provision of this scheme under Section 29 of the National Health Service Act, 1946. Miss M. R. F. Collins, the County Home Help Organiser, is responsible for the supervision of the scheme.

The provision of night attendance is restricted to households where the patient cannot be admitted to hospital and the traditional help of relatives and friends is not available, or where such helpers are considered by the family doctors to be in need of occasional relief. Attendance is normally limited to the hours of 10 p.m. to 8 a.m. for a maximum of four nights a week.

The services of a night help are such as would be undertaken by a relative, including the preparation of food and drinks and attention to the general comfort of the patient.

Initially, the demand for the service has been limited—ten applications for a night attendant were received during 1966.

9. MENTAL HEALTH

In England and Wales, the development of community services for the mentally disordered continued to be an increasingly important task and, in this County, it was possible to make definite progress in 1966. It was agreed to increase the medical direction of these services and, with effect from the 3rd October, 1966, Dr. J. F. Rees, a newly appointed Assistant County Medical Officer, has devoted additional time to this work. His duties now include: the maintenance of a close liaison with the consultant psychiatrists at St. David's Hospital, Carmarthen, with the Consultant Child Psychiatrist and the Consultant Psychiatrist for Subnormal Patients, and with general practitioners; the medical direction of the work of the mental welfare officers and psychiatric social worker and of the mental health duties of health visitors; and the general medical direction and supervision of the training centres.

There are definite indications that the social stigma and isolation attached to mental disorder are lessening appreciably in the County. The public are taking a considerable interest in the local development of mental health community services, particularly those for the mentally subnormal. An appreciable number of gifts—including additional recreational equipment—were given by various voluntary organisations and individuals to the training centres during the year and the Mental Health Welfare Fund has received contributions. It has been helpful to have the continued understanding, interest and assistance from the officers and members of the two local societies for the mentally handicapped.

The review of the community mental health services in this report is limited to a brief account of developments during the year.

Considerable progress was made in the arrangements for the education and training of the mentally handicapped. The opening of the new school—a junior training centre—for mentally handicapped children at Portfield School, Haverfordwest, on the 1st

November, 1966, was a considerable advance. The children were transferred to the new school from the improvised and temporary premises at Tower Hill School and Centre, Haverfordwest. The new school has excellent facilities for fifty mentally handicapped children and includes a special care unit. In addition, there is a small hostel, but, because of staffing difficulties, it was impossible to open the hostel during 1966. The Tower Hill temporary premises was converted into a senior training centre for mentally handicapped adults (with some places for physically handicapped persons) and on the 3rd November, 1966, the adults moved from the Church Hall, Uzmaston, to the afore-mentioned premises. Arrangements were made to introduce industrial work into this establishment in January, 1967. The training, education and industrial and diversional activities at the Avenue School and Centre, Tenby—with thirty-two adults and fourteen children on the register at the end of the year—continued to make good progress in the improvised premises but the County Council agreed that a purpose built building at Tenby could be included in the 1967-68 capital works programme—the restricted site presents certain design problems which are at present being studied.

It was possible to augment the number of qualified teachers and instructors at these schools and centres: Miss R. E. J. Howells, a trainee teacher, obtained the National Association for Mental Health diploma for teachers of the mentally handicapped in July, 1966 and was appointed assistant supervisor at the Portfield School; Mr. M. J. Sheppard was successful in passing the diploma examination of the National Association for Mental Health for staffs of training centres for mentally subnormal adults in the same month and then resumed his appointment as assistant supervisor and workshop instructor at the Avenue School and Centre, Tenby.

The problem of increasing the social work with mentally disordered persons and their families received further consideration during the year. If a community consultant psychiatrist was based at Haverfordwest by the Welsh Hospital Board, this problem would probably be easily solved as a close liaison between the consultant psychiatrist, general practitioners, and mental welfare officers would then be possible with the resulting expansion of the necessary social work. It was however possible to augment the appropriate social work staff: Mr. B. P. Vittle became part-time psychiatric social worker for child guidance clinic duties on the 18th July, 1966, and Mr. D. L. R. Jones was appointed 'general purpose' social worker and mental welfare officer on the 4th July, 1966, after his success in obtaining the Certificate in Social Work of the Council for Training in Social Work. The number of 'general purpose' social work areas in the County was increased from four to five and

Mr. Jones became responsible for the routine general social and mental welfare work in an area including Haverfordwest and the northern part of the Haverfordwest rural district. From the reports of the five 'general purpose' social workers and mental welfare officers on their duties in 1966, it is apparent that the public and the general practitioners are now definitely making more use of the services of these officers and liaison arrangements are improving. Mr. M. M. Rees, who is responsible for the social work in a very rural area in the north of the County, states that, in requests for even non-emergency social help, people in his area disregard office hours and holidays—requests are sometimes received on Christmas Days. An interesting scheme, which he is encouraging, is the acceptance of the services of young members of a local branch of the Urdd in helping the lonely, the elderly and the physically and mentally handicapped.

The mentally-ill patients from the County, who require in-patient treatment, are admitted to St. David's Hospital, Carmarthen. In 1966, seventy-nine were admitted by compulsory order: seventy-two of the latter were admissions under Section 29 of the Mental Health Act, 1959.

A considerable and welcome expansion of the child guidance clinic service was possible in 1966; Dr. Evan Davies commenced duties as the first full-time consultant child psychiatrist for South-West Wales on the 1st September. He immediately increased the child guidance clinic sessions at Haverfordwest from two half days fortnightly to four half days per week. In addition to dealing with children in need of psychiatric treatment, he also commenced to act in a consultative manner in assisting other workers dealing with children such as the staff of the Children's Department, the probation officers and police-women. The demand for appointments at the child guidance clinic is steadily increasing. The 'Community Care Group' Society continued to hold meetings at the County Health department: during 1966, the subjects discussed at seven evening meetings included marriage guidance, school counselling, child psychiatry and juvenile delinquency and community welfare. The members of the Society include social workers of the County Council, health visitors, probation officers, and public health inspectors.

A mental health and geriatric liaison advisory committee for South-West Wales—with a membership of the appropriate professional staff of hospitals and local health authorities and representatives of general practitioners—held five meetings at Carmarthen during the year. The meetings were conducted in a spirit of co-operation and goodwill and important subjects discussed included the need for a psychogeriatric assessment unit in South-west Wales and the problems of hostel provision for mentally disordered per-

sons. The need for an experimental group unit home at Haverfordwest for mentally ill patients discharged from St. David's Hospital, Carmarthen, was discussed and the County Council subsequently arranged for such a home to be provided early in 1967. The increasing problem of mental illness among the elderly received considerable attention at the meetings, including the need for special hostel provision for the mentally infirm.

The County Council has now agreed to the erection of a home for the elderly mentally infirm (thirty-five places) at Haverfordwest in 1967.

SECTION III

EPIDEMIOLOGY: INFECTIOUS AND OTHER
COMMUNICABLE DISEASES

There were no serious outbreaks of any communicable disease in Pembrokeshire in 1966.

It was not an epidemic year for measles and there was only a limited local prevalence: 164 cases were notified. There were no reports of severe complications. At the end of the year, mumps was prevalent amongst school children, particularly in the Pembrokeshire borough. Influenza cases occurred in the County during January and February: laboratory investigations revealed the presence of both the 'A' and 'B' influenza viruses. A few cases of influenzal pneumonia were notified.

In September, a young woman in Tenby was found to be suffering from paratyphoid fever: she was admitted to Hill House Isolation Hospital, Swansea, and made a good recovery. The infection was probably contracted during a Mediterranean cruise.

In a predominantly agricultural County such as Pembrokeshire, the problem of zoonoses—diseases of animals transmissible to man—is always present. Fortunately there is a close liaison between the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and the appropriate public health staff. The zoonoses which cause most local concern are brucellosis and salmonellosis. The control measures against bovine tuberculosis have been very effective and no new human infections with the bovine organism were reported locally in 1966. Animal brucellosis is not uncommon among cattle in the County and the high abortion or prematurity rate, the consequent reduction of milk yield, and sometimes infertility present an appreciable financial loss to the farming community. It is not always easy to diagnose human cases of this infection, and, according to my information, there were only two proved cases in the County during the year: a housewife who had drunk raw milk and an agricultural worker at a farm where infection of the dairy herd was confirmed after investigation. The milk from the latter farm was normally heat treated. In 1965, there were five proved human cases of brucellosis in the County.

Various forms of salmonellosis are not uncommon locally among the farm animals particularly calves, and it is likely that the infection also occurs among wild animals, such as rodents, in the County. The staff of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food consider that, in England and Wales, at least 200,000 calves die annually from this disease, and an appropriate guide on the control of the disease is available for farmers. Some of the salmonella organisms which commonly infect

animals rarely cause obvious illness in humans. Most cases of human salmonellosis present as cases of food poisoning—primarily with diarrhoea, vomiting and abdominal discomfort. The true incidence of the illness among the population in this County is not known as sometimes the patients do not seek medical advice and also laboratory investigation of suspected cases is not always undertaken. In the summer of 1966, there was a limited outbreak of salmonellosis among the staff and patients of a small hospital in the County. Fortunately the organism—an uncommon serotype known as salmonella liverpool—is of low pathogenicity and the illnesses of the affected persons, six members of the staff and three patients, were comparatively mild. The problem was complicated by the presence of seven members of the staff and five patients who had no symptoms but were infected with the organism. It proved impossible to confirm the source of the infection but detailed preventive measures restricted a spread of the infection. There was no evidence of the infection in the community outside the hospital or in local farm animals.

In July, there was an outbreak of mild food poisoning among the members of a family on holiday at Tenby: six people were affected. The causal organism—*staphylococcus aureus*—was isolated from a partly consumed portion of tinned tongue but the source of infection of the tongue was not discovered.

No case of poliomyelitis occurred in 1966.

The confirmed notifications of infectious diseases in the County in 1966 are listed in the following table :

DISEASE	Haverfordwest M.B.	Tenby M.B.	Pembroke M.B.	Fishguard & Goodwick U.D.	Milford Haven U.D.	Neyland U.D.	Narberth U.D.	Haverfordwest R.D.	Narberth R.D.	Pembroke R.D.	Cemaes R.D.	TOTALS
Scarlet Fever	1	17	—	3	—	—	—	—	5	—	26
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Measles	33	31	19	5	2	—	51	10	5	8	164
Whooping Cough	6	—	2	2	—	—	8	—	—	—	18
Erysipelas	—	—	1	—	—	—	—	—	—	—	1
Paratyphoid Fever	—	1	—	—	—	—	—	—	—	—	1
Food Poisoning	—	6	1	—	—	—	—	—	—	—	7
Dysentery	—	—	—	—	—	—	1	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis Paralytic	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—
Post-Infectious Encephalitis	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia (primary or influenzal)	—	—	6	—	1	—	7	—	2	—	16
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	1	1
TOTALS	...	39	39	46	2	8	3	67	10	12	9	235

Tuberculosis

The following tables are of interest :

NUMBER AND AGE DISTRIBUTION OF NEW
NOTIFICATIONS OF TUBERCULOSIS AND
DEATHS FROM THIS DISEASE IN 1966

Age Group in years	New Notifications				Deaths			
	Respiratory		Non- Respiratory		Respiratory		Non- Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0- 1 ...	—	—	—	—	—	—	—	—
1- 2 ...	—	—	—	—	—	—	—	—
2- 5 ...	—	—	1	—	—	—	—	—
5-10 ...	—	—	—	—	—	—	—	—
10-15 ...	—	—	—	—	—	—	—	—
15-20 ...	1	1	—	—	—	—	—	—
20-25 ...	—	1	—	1	—	—	—	—
25-35 ...	1	—	—	—	—	—	—	—
35-45 ...	2	1	—	—	—	—	—	—
45-55 ...	2	—	—	—	2	—	—	—
55-65 ...	2	1	—	—	—	1	—	—
65-75 ...	5	—	2	—	—	—	—	—
75 plus ...	—	1	—	—	—	—	—	—
Totals	13	5	3	1	2	1	—	—

NUMBER OF CASES OF TUBERCULOSIS ON THE
CHEST CLINIC REGISTER

	Respiratory		Non. Respiratory		Total
	M.	F.	M.	F.	
On 31st December, 1966 ...	309	231	28	27	595
On 31st December, 1965 ...	304	238	26	25	593
On 31st December, 1964 ...	297	230	23	22	572
On 31st December, 1963 ...	287	228	20	19	554
On 31st December, 1962 ...	315	239	24	22	600

Year	New Notifications of Tuberculosis		Deaths from Tuberculosis		
	Respiratory	Non- Respiratory	Respiratory	Non- Respiratory	
1939	...	88	27	43	12
1940	...	53	18	38	10
1941	...	64	22	26	14
1942	...	88	19	43	8
1943	...	63	32	22	1
1944	...	73	21	36	1
1945	...	73	24	32	5
1946	...	64	18	25	4
1947	...	68	14	36	3
1948	...	62	29	24	1
1949	...	73	18	41	1
1950	...	62	16	28	3
1951	...	66	9	26	9
1952	...	51	5	24	1
1953	...	63	6	22	6
1954	...	61	9	15	1
1955	...	35	7	14	3
1956	...	49	4	8	2
1957	...	36	4	11	1
1958	...	38	3	7	—
1959	...	26	1	8	3
1960	...	29	1	8	—
1961	...	26	3	14	2
1962	...	32	3	8	—
1963	...	34	2	8	—
1964	...	26	5	11	—
1965	...	25	6	3	1
1966	...	18	4	3	—

SECTION IV

FOOD AND DRUGS ACT : COUNTY COUNCIL RESPONSIBILITIES : HEALTH ASPECTS

1. MILK

Although dairy farming continued to be an important part of the economy of the County, there has been a definite decline in recent years in the number of registered dairy farms: at the end of 1966, there were 2,532 such farms compared with 2,814 in 1964.

In previous reports, the improvements in the health and hygienic control of milk production and distribution during the past two decades have been stressed. The almost complete disappearance locally of milk-borne tuberculosis among humans has been a considerable achievement. It must of course be remembered that, in addition to being an excellent food, milk is a suitable medium for the multiplication and dissemination of certain harmful organisms. A number of writers in the medical press during 1966 stressed the continued—even if reduced—risk of drinking milk which is not heat treated (pasteurised or sterilised) and drew attention particularly to certain human infections with brucellosis and salmonellosis contracted by drinking raw milk. Medical opinion favours the early introduction of a scheme for the eradication of brucellosis in cattle and an increased emphasis on the importance of the heat treatment of milk. The initiation in 1967 of a preliminary national scheme for 'brucellosis free' herds will be a step in the right direction, and there is no doubt that, in recent years, an increasing amount of retail milk in this county has been heat treated. It is estimated that, in recent years 96% of milk sold in England and Wales is so treated but in a predominantly rural County such as Pembrokeshire, the percentage is still probably appreciably below this figure.

Of 142 routine samples of raw milk, fourteen gave positive brucella ring tests but subsequent culture did not confirm the infection: in the tracing of sources of human infection, forty-seven special samples were taken and fourteen gave positive cultures. As mentioned in the previous section, there were two proved human cases of brucellosis locally in 1966. No cases of human tuberculosis or human salmonellosis infection—due to drinking untreated milk—were reported locally in 1966.

Twenty-two samples of raw or untreated milk sold by retailers or producer-retailers were submitted for special biological examination but none of the samples caused tuberculous lesions in guinea pigs. Of the 358 samples of heat treated (pasteurised) milk tested during the year, fifteen failed the methylene blue test for keeping

quality and three the phosphatase test for correct heat treatment. Bottle washing machines at dairies require careful supervision and maintenance: of the 300 laboratory tests of bacterial purity of washed bottles, forty-eight were unsatisfactory. In 1966, a new milk heat treatment plant—batch method—was initiated at the Hubberton Dairy, Milford Haven. Dr. H. D. S. Morgan, Consultant Bacteriologist, and his staff at the Public Health Laboratory, Carmarthen, were responsible for the afore-mentioned laboratory tests and, as in previous years, their advice and assistance were most helpful.

The Welsh Board of Health Circular 17/66 of the 24th October, 1966, gave very helpful information on the interpretation of certain regulations relating to the hazard of milk borne brucellosis.

In previous recent reports, reference has been made to the problem of the presence of antibiotics in milk consequent on their increasing use in the treatment of the common disease of mastitis among dairy cows. During 1966, an increased number of samples of milk from this County were submitted by the sampling officers of the Weights and Measures Department for testing by the Public Analyst. The producers of milk found to contain an antibiotic were visited and warned by the appropriate officer: no court proceedings were taken.

The following local figures are of interest:

		Number of samples of milk tested	Samples which contained antibiotics	
			Number	Per cent
1964	...	46	2	4.3
1965	...	506	11	2.2
1966	...	693	29	4.2

The diligent work of the staff of the Weights and Measures Department in connection with this problem deserves commendation.

The other sampling results in the enforcement of legislation relating to the chemical quality and adulteration of milk are described in the latter part of this section.

2. Food

The staff of the Weights and Measures Department continued to undertake the sampling of food and drugs in the County.

As mentioned in previous reports, the public health implications of current methods of food production, preservation, preparation and distribution, particularly the increasing problem of intentional and contaminant additives, are difficult and complicated. The consumer in England and Wales is now largely dependent on nationally and even internationally distributed foods which are often pre-packed and prepared under laboratory control by large firms.

The legislation concerned with the control of food is very extensive and is designed to ensure the chemical purity, fitness for consumption, and the prevention of contamination of food during production, manufacture, storage, distribution and sale to the public. The implementation of various parts of the legislation is the responsibility of local authorities and central government departments. The role of the County Council is limited mainly to the enforcement of parts of the Food and Drugs Act, 1955, and the relevant food regulations and orders which are concerned with standards for the composition and quality of foods and drugs.

I am grateful to Mr. F. W. J. Read, the Chief Inspector of Weights and Measures, for details of the results of sampling during 1966. A brief summary is as follows :

Food	No. of Samples	Non-Genuine	Defects
Milk	750	31	included 1 low fat content, (28 samples) and added water (2 samples).
Cream	11	0	—
Ice-cream	4	0	—
Butter, Margarine and Cooking Fat	18	0	—
Drugs	17	0	—
Tinned Meat and Fish	45	8	included insufficient meat content.
Jams and related products	36	6	below legal standard for fruit content (4) and excessive preservative content (2).
Soft drinks	35	0	—
Alcoholic drinks	9	0	—
Miscellaneous, including cheese, coffee, and suet	127	12	minor defects.

The Public Analyst is Mr. D. C. Jenkins, M.Sc., F.R.I.C., of Carmarthen.

SECTION V

MISCELLANEOUS

1. CHILDREN'S DEPARTMENT

Children in Care

The medical supervision of children in the care of the County Council is undertaken mainly by the medical officers of the County Health Department. The children are examined regularly and are referred to a general practitioner or a consultant if treatment or further advice on health or emotional problems is necessary. In 1966, seventy-eight routine and four follow-up examinations were undertaken. One child attended the Child Guidance Clinic and five were examined at the Chest Clinic, Haverfordwest. Efforts were made to ensure that all these children are protected adequately by the standard vaccinations and immunisations.

Welfare of Children who are at risk of having to be taken into care.

The Children's Committee and the Children's Officer are responsible for the co-ordination of the work of the various departments concerned with problem families and with children who are at risk of having to be taken into care. The appropriate staff of the County Health Department, particularly the health visitors, participate in certain preventive work with these families and children. Miss M. Morgan, Health Visitor, continued to undertake social case work with a number of difficult problem families in addition to her mental health duties. Mr. D. L. R. Jones, the 'general purpose' social worker and mental welfare officer, also assisted the Children's Officer with detailed family case-work.

Detailed reports on thirty-nine problem families, including nine newly ascertained families, were submitted by health visitors and district nurses during the year. These reports were passed to Mr. G. L. Cassam, the Children's Officer, as an aid to his co-ordination arrangements.

Dr. M. Lawlor, the Deputy County Medical Officer of Health, continued to co-operate with and advise Inspector P. A. McGinley, the local officer of the N.S.P.C.C., on the medical problems of neglected children. During the year ending 31st October, 1966, the afore-mentioned officer assisted 187 children in the County: twenty-five of these children were suffering from neglect and eight had been subject to assault or physical ill-treatment.

2. NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of the year, there was one registered day nursery and one registered child minder in the County at Johnston and Saundersfoot respectively. In order to qualify for registration in

accordance with the Nurseries and Child Minders Regulation Act, 1948, certain conditions must be met including suitability of staff and premises, provision of adequate facilities and safety measures, and notification of infectious diseases. The conditions of registration include a stipulation as to the maximum number of children to be accepted by individual day nurseries and child minders.

Medical officers of the County Health department and local health visitors make regular visits of inspection and advise on problems relating to the children's health and welfare. The staff are advised to have a chest x-ray on appointment and every two years thereafter.

The Bairn-Care Day Nursery at Hakin closed in November, 1966, owing to the insufficient number of children attending the nursery.

3. WELFARE DEPARTMENT

As in previous years, satisfactory co-operation was maintained between the staffs of the County Welfare and County Health departments. This necessary practice was facilitated in October, 1965, by the appointment of four full-time social workers, who became responsible for the day-to-day 'general purpose' social and mental welfare work in a particular area of the County. An additional social worker, Mr. D. L. R. Jones, was successful in obtaining the National Certificate in Social Work on completion of the appropriate two-year course at the College of Commerce, Cardiff, and, on the 4th July, 1966, with the conversion of the four areas into five, he became responsible for the appropriate social work in an area which included Haverfordwest and the northern part of the Haverfordwest rural district.

The 'general purpose' social workers and mental welfare officers undertake the basic social work for the elderly, the physically handicapped, and the mentally disordered.

During the year, the afore-mentioned welfare officers noted a growing public demand for their advice and assistance and an improved co-operation with other social workers, health visitors and district nurses.

The handicraft instructress of the County Welfare department continued to instruct physically handicapped persons in handicrafts including dressmaking, needlework, knitting, embroidery, canework and soft-toy making, and the two teachers of the blind continued to provide the necessary social assistance and instruction for the blind and partially sighted. At the end of 1966, sixty-five physically handicapped and thirty-one blind persons were receiving instruction in handicrafts.

The welfare of the elderly infirm received considerable attention but it is obvious that an increasing emphasis will need to be given to this work. The home nursing of elderly ill patients remained an important part of the work of district nurses — the care of such patients was facilitated by the use of equipment including plastic sheeting and incontinence pads. In certain areas, the health visitors and local district nurses were able to keep an appreciable number of elderly infirm persons under observation. The home help service continued to make an important contribution to the care of the elderly.

The staffs of the County Welfare and Health departments continued to co-operate with the local voluntary organisations concerned with the handicapped and the elderly. A number of the staff attended in November, 1966, the day course on the care of the elderly, organised by the Pembrokeshire Old People's Welfare Committee at St. Thomas' Hospital, Haverfordwest.

The provision of special housing accommodation for the elderly in Pembrokeshire has received considerable attention in recent years. Purpose-built accommodation — suitably planned flats, bungalows or cottages — have been built or are under construction in a number of districts of the County as part of the housing schemes of individual district councils. At the end of 1966, approximately 560 elderly persons were living in such accommodation provided by district councils and there were 218 residents in County Council homes for the elderly. On the 29th June, 1966, the new residential home for the elderly (30 places) at Avallenau, Haverfordwest, was opened officially by Alderman Mrs. A. Norman, the Chairman of the County Welfare Committee.

Dr. J. Clough Davies, the Consultant Geriatrician, continued to serve in an advisory capacity to the County Welfare and Health departments. He also assesses the suitability of patients for transfer between Part III accommodation and hospitals. In 1966, thirty-five were transferred from hospital to Part III accommodation, and thirty in the opposite direction.

Dr. E. Roland Williams, Ophthalmologist, continued the examination of new urgent cases of blind and partially-sighted persons, but, due to illness, he had unfortunately to restrict the follow-up examinations.

The following statistics are of interest :

(i) The following table gives the age distribution of registered blind and partially-sighted persons in the County on the 31st December, 1966 :

Ages	Blind		Partially-sighted	
	M	F	M	F
0—4	—	—	—	—
5—15	3	2	2	1
16—20	—	—	1	1
21—49	16	15	12	11
50—64	18	32	8	10
65 and over	69	138	27	70
Totals	106	187	50	93

(ii) Follow-up of registered blind and partially-sighted persons during 1966 :

No. of persons registered during 1966 in respect of whom Form B.D.8 recommends.	Cause of Disability			
	Cataract	Glaucoma	Fibroplasia	Others
No treatment	7	—	—	8
Treatment (medical, surgical or optical)	14	1	—	9
No. of persons who on follow-up have received treatment	8	1	—	9

(iii) Ophthalmia Neonatorum : no case of blindness due to this condition was reported during 1966.

(iv) The following table gives the age distribution of registered deaf persons in the County on the 31st December, 1966 :

Ages	With speech		Without speech	
	M	F	M	F
Under 16	1	5	—	—
16—64	3	7	4	2
65 and over	—	3	1	—
Totals	4	15	5	2

These figures do not include persons who are described as hard of hearing.

(v) There were 235 registered generally handicapped persons in the County on the 31st December, 1966 : 136 males and ninety-nine females.

4. MEDICAL EXAMINATION OF COUNTY STAFF

The following examinations were undertaken during 1966 :

Entrants (excluding teachers and police) to County Council employment	...	...	...	...	...	303
Manual workers for entry into sickness benefit scheme	...					122
Police candidates	...	...	...	...	...	9
Police cadets	...	...	...	...	...	1
Entrants to Teachers' Training Colleges				...	...	150
Newly appointed teachers	...	...	...	...	...	96
Canteen Staff	...	...	...	...	...	106
Re-examinations of existing employees	...			...	...	26
Number of chest x-ray examinations of staff (excluding mass radiography examinations)	...	...	...	...	...	36
Examinations carried out on behalf of other local authorities (reciprocal arrangements)	...	...	...	...	...	24

The biennial chest x-rays of school canteen staffs were undertaken at the Mobile Unit of the Mass Radiography Service.

